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T. LEMIEUX DEC - 3 2021

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Joing & Learning Therapy Corp

DOCUMENT NUMBER: P 210000 86760 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NADIA Weiss Firm/ Company 325 5 BISCAYNE BLUD STE 2224 Address Mi Anii Conios 33/3/
City/ State and Zip Code Imy @ uniani proha - wn Idress: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

of

Joing ! Learning (Name of Corporation as currently f	Theraphy Co	SP
(Name of Corporation as currently f	iled with the Florida Dept. of State)	<u> </u>
P 210000 8	(0) (0)	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		4
ENJOYING & Learn name must be distinguishable and contain the word "corporation," "con	ing Theraphy	COYP The new
name must be distinguishable and contain the word "corporation," "con" "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A publication "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbi professional corporation name must	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address	N/A	
new registered agent and/or the new registered office address:	-	
Name of New Registered Agent	N/r	2
(Florida street		171L1 1807 12
New Registered Office Address: (C	, Florida ;ity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		ω
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the po. stered Agent, if changing	sition.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President: T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
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Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
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Remove			
6) Change			- <u> </u>
Add			·
Remove			

	ing or adding addition dditional sheets, if neces	rssary). (Be speci	ific)		
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	P				
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fan ame	endment provides for	an exchange rect	assification or cand	ellation of issued sha	res.
provisio	ons for implementing t	the amendment if	not contained in the	e amendment itself:	
(if n	ot applicable, indicate	N/A)			
					 ,
			1		
					

The date of each amendment(s) addate this document was signed.	option:	, if other than
date this document was signed.		
Effective date if applicable:		<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame ficient for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated/	165 1	
C:	$\frac{\partial}{\partial x}$	
Signature(By a di	regior, president or other officer - if directors or officers have n	ot been
	by an incorporator – if in the hands of a receiver, trustee, or of	
	fiduciary by that fiduciary)	
	,	
	NADIA Weiss	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

the

the